

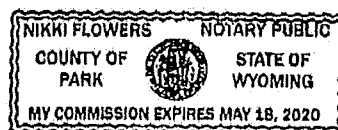
EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To:      Agency(ies) Charge No(s): <input checked="" type="checkbox"/> FEPA                      32K-2020-00037 <input checked="" type="checkbox"/> EEOC                        32K-2020-00037	
<b>Wyoming Fair Employment Program</b> and EEOC <small>State or local Agency, if any</small>			
Name (Indicate Mr., Ms., Mrs.) <b>Ms. Bonnie L. Smith</b>		Home Phone (Incl. Area Code) <b>(310) 308-2300</b>	Date of Birth <b>1967</b>
Street Address <b>1231 Chalk Road, Powell, WY 82435</b>		City, State and ZIP Code <b>JAN 02 2020</b> <b>LABOR - CHIEF</b>	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>BUFFALO BILL MEMORIAL ASSOCIATION</b>		No. Employees, Members <b>201 - 500</b>	Phone No. (Include Area Code) <b>(307) 578-4089</b>
Street Address <b>D/B/A Buffalo Bill Center Of The West, 720 Sheridan Avenue, Cody, WY 82414</b>		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input checked="" type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest                      Latest <b>05-01-2018                      03-28-2019</b> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p><b>PERSONAL HARM:</b> I was subjected to harassment and intimidation. I was subjected to different terms and conditions of employment. I was discharged.</p> <p><b>RESPONDENT'S REASON FOR ADVERSE ACTION:</b> Complaints from others, not staying in my lane, and insubordination.</p> <p><b>DISCRIMINATION STATEMENT:</b> I believe I was discriminated against on the basis of my sex, female, my age, 52 (D.O.B. 3/31/67), my religion, Other, and retaliated against in violation of the Title VII of the Civil Rights Act of 1964, as amended, and the Age Discrimination in Employment Act of 1967, as amended. Specifically:</p> <ol style="list-style-type: none"> <li>1. I am a member of the protected groups, female, over the age of forty, and religion (Other);</li> <li>2. I was satisfactorily performing my job;</li> <li>3. I was subjected to sex, age, and religious harassment;</li> <li>4. The harassment complained of affected a term, condition, or privilege or employment and was so pervasive as to alter the working conditions of employment and create an abusive working environment;</li> <li>5. I was subjected to different terms and conditions of employment;</li> <li>6. Other similarly situated employees outside my protected groups were not subjected to similar terms and conditions of employment in similar circumstances;</li> </ol>			

EXHIBIT

tabbles

7. I engaged in protected opposition to Title VII prohibited discrimination;
8. Contemporaneous with or subsequent to my protected activity I suffered an adverse employment action;
  - a. I was discharged on March 28, 2019.
9. There exists a causal connection between my protected activity and my employer's decision to take adverse employment action against me; and
10. My name may be used in the processing of this charge.



<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p>	<p>NOTARY - When necessary for State and Local Agency Requirements</p> <p>* <i>Nikki Flowers</i></p>
<p>I declare under penalty of perjury that the above is true and correct.</p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p>
<p>12/30/19 <i>Bonnie Smith</i></p> <p>* <i>Bonnie Smith</i> Charging Party Signature</p>	<p>SIGNATURE OF COMPLAINANT</p> <p>* <i>Bonnie Smith</i></p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p> <p>* <i>Nikki Flowers</i> 12/30/19</p>